

Teen Birth Rate Drops for Third Straight Year—But Still at Record High

Teenagers. Birth rates for teenagers in the United States declined for the third consecutive year but remain at record high levels, according to the latest natality statistics from the National Center for Health Statistics. *Advance Report of Final Natality Statistics, 1994*¹ shows that the birth rate for teenagers 15–19 years of age dropped from 59.6 births per 1000 population in 1993 to 58.9 per 1000 in 1994. The 1994 birth rate among teens 15–19 was 5% lower than the recent high of 62.1 in 1991. The birth rate for teens 15–17 years of age dropped slightly from 37.8 births per 1000 population in 1993 to 37.6 per 1000 in 1994, and the rate for females ages 18–19 years dropped from 92.1 to 91.5 per 1000 population.

Although rates among these groups have declined during the 1990s, they are still as high or higher than they were over 20 years ago. Recent declines in both abortion and birth rates for teenagers indicate that the teenage pregnancy rate has indeed fallen in the 1990s.

All births. Overall, births in the United States declined in 1994 for the fourth straight year, to 3,952,767. The birth rate fell 2% to 15.2 births per 1000 total population, the lowest rate since 1978. Fertility rates were highest for Hispanic women, especially Mexican American women, and for black women. Successively lower rates were reported for American Indian, Asian/Pacific Island, and white women. Rates for teenaged women were highest among Mexican American, Puerto Rican, and black women.

Meanwhile, the birth rate among unmarried women increased 4% in 1994, although the increases over the past five years have been much slower than those of 1984–1989. In 1994,

nearly one-third of all births were to unmarried women.

The multiple birth ratio rose to 26 per 1000, an increase of 2% over 1993 and of 33% since 1980. The higher-order multiple birth ratio (primarily triplet births) jumped 12% and has doubled since 1987 and tripled since the early 1980s.

Maternal health. The report also provides extensive data on maternal health and behavioral characteristics. Improvements were reported in early prenatal care and in reduced cigarette smoking:

- Eighty percent of mothers began prenatal care within the first trimester of pregnancy, the third consecutive year for which an increase was reported. Meanwhile, the proportion of mothers with late or no care continued to decline, dropping to 4%.
- Cigarette smoking during pregnancy declined again in 1994, for the fifth consecutive year, to 14.6% of mothers. Over 12% of births to smokers were infants with low birth weight (less than 2,500 grams) compared with almost 7% of births to nonsmokers.
- The overall incidence of low birthweight continued to climb, rising from 7.2 to 7.3%. The figures for low birth weight improved among black mothers but rose among white mothers. There was no change in low birth weight statistics among American Indian or Hispanic mothers, but levels increased among Asian/Pacific Island infants.
- The most frequently reported medical risk factor, pregnancy-associated hypertension, rose for the third consecutive year to 32 per 1000 births, an increase of 8% and the largest single year increase since 1989. The anemia rate also rose, up 7% to 20 per

1000 in 1994.

- The rate for the most prevalent obstetric procedure, electronic fetal monitoring, rose for the fifth consecutive year to include 80% of all births. The use of ultrasound also increased to 62% of births in 1994.
- The rate of cesarean delivery was down in 1994, for the fifth straight year. In 1994, 21.2% of births were by cesarean delivery, down 7% from 22.8 in 1989. The rate of vaginal births following cesarean was 39% higher in 1994 than in 1989. Overall cesarean rates increased with advancing age of the mother and were twice as high in 1994 for mothers 40–49 as for teenagers.
- The percent of preterm births in 1994 was 11%, unchanged from the previous year, but over the past decade preterm births rose steadily from 9.4% in 1981. Preterm births among black newborns fell to 18.1%, the lowest proportion in almost a decade, but among white infants the level rose by 2%.

Trends in Hospital Utilization

A new NCHS report tracks trends in inpatient hospitalization from 1988 to 1992, using data from the National Hospital Discharge Survey (NHDS).² Updating earlier trend reports, this study analyzes hospitalization patterns by age, sex, diagnoses, and surgical procedures performed. The study found that the rate of discharges did not change significantly between 1988 and 1992, but the rate of days of care declined 10%. The average length of stay declined 6% for both males and females from 1988 to 1992.

Deliveries, heart disease, and malignant neoplasms accounted for about a third of the first-listed diagnoses for hospitalizations during that period. In each of the five years studied, epi-

siotomy, arteriography and angiocardiology using contrast material, CT scan, diagnostic ultrasound, and fetal EKG and other fetal monitoring were each performed over one million times on hospital inpatients.

The rate for removal of coronary artery obstruction increased 57% for males and 96% for female discharges from 1988 to 1992. Still, males accounted for about two-thirds of four heart-related procedures (open heart surgeries, removal of coronary obstruction, coronary artery bypass graft, and cardiac catheterization) in both 1988 and 1992.

For comparative purposes, the report includes data from 1980 through 1992, although it concentrates the analysis on the five-year period beginning with 1988, the first year a new design was used for the NHDS. The survey began in 1965 and has produced almost 30 years of data on patterns of inpatient hospitalization in the United States. Summary reports for 1993 and 1994 provide the latest data from the survey.

Data for the NHDS come from a sample of inpatient records obtained from a national sample of non-Federal general and short-stay specialty hospitals in the United States and are used to monitor changes in health care delivery and financing, advances in medical technology, development of new diagnostic and treatment practices, and other developments in health and health care in the United States. The NHDS has now been joined by the National Survey of Ambulatory Surgery on which field work has been completed and from which data on outpatient surgery are expected to be available by the year's end.

Leading Causes of Death Ranked

A standard measure of mortality is the ranking of leading causes of death. NCHS regularly ranks causes of death

by selected age groups, racial categories (white and black), sex, and Hispanic origin. In recent years, data users have requested more detailed age, racial, and ethnic categories than are usually tabulated by the Center. To meet that need and to examine the differential impact of using different age groupings, NCHS has produced a new analysis, *Leading Causes of Death by Age, Sex, Race and Hispanic Origin: United States, 1992*.³ The report ranks cause of death by 10-year, 5-year, and broader age groupings, as well as by sex, racial category, and ethnicity and then compares the ranking of selected causes. The report contains detailed tables illustrating the effect the different age aggregations have on the ranking of individual causes and discusses issues concerning the use of alternative age aggregations.

The report also describes the cause-of-death rankings procedure used by NCHS, other agencies of the Public Health Service, and many state public health agencies. For many purposes the broad age categories are appropriate. However, if a particular cause is disproportionately important to a specific group, the identification of that cause as a public health problem may require the use of more specific aggregations. This report is intended for those who want to analyze mortality patterns for selected causes of death in various groups of the population and also for those who may wish to analyze a specific study population and need guidance regarding the most appropriate age aggregations to select.

1995 Publications Catalog Available

The 1990–1995 *Catalog of Publications* is now available.⁴ The catalog lists, describes, and indexes NCHS publications and provides ordering information on each. Many NCHS publications are available free of charge directly from NCHS; others are available for sale by the Superintendent of Documents, Government Printing Office, or the National Tech-

nical Information Service. Order forms for NCHS, GPO, and NTIS are printed in the catalog. The catalog also includes a listing of articles by NCHS staff appearing in professional journals and scientific publications during 1995. The catalog can also be reviewed or downloaded from the NCHS Home Page on the Internet.

NCHS is the Federal government's principal vital and health statistics agency. NCHS data systems cover the health field from birth to death, including overall health status, lifestyle, and exposure to unhealthful influences, the onset and diagnosis of illness and disability, and the use of health care. NCHS is part of the Centers for Disease Control and Prevention, U.S. Public Health Service.

NCHS publications and assistance in obtaining printed and electronic data products are available from the NCHS Data Dissemination Branch, Room 1064, 6525 Belcrest Road, Hyattsville MD 20782; tel. 301-436-8500; URL <<http://www.cdc.gov.nchswww/nchshome.htm>>.

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References

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3. Leading causes of death by age, sex, race, and Hispanic origin. Vital and Health Statistics Series 20, No. 29. Hyattsville (MD): National Center for Health Statistics; 1966.
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